STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1565
Registrar's No.

1. Place of Death: (a) County MARICOPA (b) City or Town WICKENBURG (If outside city limits also write RURAL) (c) Location COMMUNITY HOSPITAL (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 30 MINUTES; In Community 1 MONTH (Specify whether years, months or days); In Arizona 1 MONTH

2. Usual Residence of Deceased: (a) State CALIFORNIA; (b) County SAN DIEGO (c) City or Town SAN DIEGO (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME LENA MAE LAMBERT (b) If veteran name war NO (c) Social Security No.

4. Sex	5. Race	6. (a) Single, married, widowed or divorced
FEMALE	White [X] Indian [ ] Negro [ ] Oriental [ ]	MARRIED

6. (b) Name of husband or wife RUBY EARL LAMBERT 6. (c) Age of husband or wife, if alive 53 yrs.

7. Birthdate of deceased DEC. (Month) 10 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	2	25	hrs. ... min. ...

9. Birthplace HOUSTON (City, town or county) MO. (State or Country)

10. Usual Occupation HOUSE WIFE

11. Industry or Business HOME

Father
12. Name FRANK SMITH
13. Birthplace UNKNOWN (City, town or county) MO. (State or Country)

Mother
14. Maiden Name ADA CRAWFORD
15. Birthplace UNKNOWN (City, town or county) MO. (State or Country)

16. (a) Informant's own signature EARL LAMBERT
(b) Address SAN DIEGO CALIFORNIA

17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg (c) Date 3-9-19 48

18. (a) Embalmer's Signature W. L. Coppinger
(b) Funeral Director W. L. Coppinger
(c) Address Wickenburg Ariz.

19. (a) 3-5-48 (Date received Local Registrar)
(b) Naomi Coppinger (Registrar's Signature)

© 40M—100% Rag—1-47

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-4-48, 19...; TIME (Hour and minute) 11 40A M.

21. I hereby certify that I attended the deceased from 3 years, 19... to ..., 19...; that I last saw h[er] alive on 3-5-48; 19...; and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Coronary occlusion
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
4 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Floyd B. Braddock M. D.
Address Wickenburg Date signed 3-12-48